

State of Washington SEP 2 5 1997
Application for a Water Right
Please follow the attached instructions to avoid unnecessary delays of the state of Washington SEP 2 5 1997

Application for a Water Right
Please follow the attached instructions to avoid unnecessary delays of the state of Washington SEP 2 5 1997

Application for a Water Right

Fee Paid #10.99

For Ecology Use

Date <u>9-25-97</u>

ame Flat Top Ran	ch c/o Dave Hovde	e	Home Tel:()	- <u>N/A</u>
lailing Address HC 1					
ityPrescott	State WA Z	ip+4_99348_	+FAX:	(509) 547	- 9682
Section 2. CONT ☐ Same as above		TO CALI	ABOUT THE	APPLIC	ATION
ame SCM CONSULTANT	S, INC., c/o Gary	Weatherly	Home Tel:()	- N/A
ailing Address 7601 W					
ty_ Kennewick			+1678FAX:	(509) 783	- 1861
elationship to applicant_	Applicant's Eng	ineer			
ne applicant requests a percubic feet per second) arpose(s) of <u>irrigat</u> ESCRIPTION OF THe sufficient.	from a \square surface wat ion, frost protection, frost protection. IE PLACE OF USE.	ter source or tion, orcha (See instruction)	☐ ground water sound cooling ons.) NOTE: A tax poer year: 1,125	rce (check of	nly one) for the TACH A "LEGAL"
Check if the wate needed: From	er use is proposed for a _// to ER SOURCE	a short-term pr	roject. Indicate the project of the	period of tim	e that the water will
Check if the water needed: From Section 4. WATE FSURFACE WATER Name the water source is ake, etc. If unnamed, in the source is ake, etc.	er use is proposed for a _// to ER SOURCE and indicate if stream, write "unnamed spring	spring,	roject. Indicate the p	period of tim	e that the water will
Check if the water needed: From Section 4. WATE Section 4. WATE Section 4. WATE If SURFACE WATER Name the water source aske, etc. If unnamed, water and water and water source aske, etc.	er use is proposed for a _// to ER SOURCE and indicate if stream, write "unnamed spring	spring,	f GROUNDWATE	period of tim	e that the water will
Check if the water needed: From Section 4. WATE Surface WATER Same the water source as ake, etc. If unnamed, water and an end of the water source are also as a contract of the water source as a contract of the water source as a contract of the water source are a contract of the water source as a contract of the water source are a contract of the water sou	er use is proposed for a _// to	spring,	f GROUNDWATI A permit is desired for a permit is desir	ER or 1	e that the water will
Check if the wate needed:	er use is proposed for a _// to	spring,	f GROUNDWATI A permit is desired for a permit is desir	ER 1 (s):	e that the water will
Check if the water needed: From Section 4. WATE SURFACE WATER Name the water source ake, etc. If unnamed, water and the water source ake, etc. If unnamed stream," etc.: Number of diversions: Source flows into (name)	er use is proposed for a _// to	short-term production of the short-term produ	f GROUNDWATE A permit is desired for the per	eriod of tim ER or 1 (s): ,250' Deep	well(s).
Check if the water needed: From Section 4. WATE SURFACE WATER Name the water source aske, etc. If unnamed, unnamed stream," etc.: Sumber of diversions: Source flows into (name) LOCATION Enter the north-south	er use is proposed for a _// to	short-term production of the short-term produ	f GROUNDWATE A permit is desired for the point of divorm the point	eriod of tim ER or 1 (s): ,250' Deep version or wear the southweether	well(s). well(s). ithdrawal to the est source is platted, complete below:
Check if the water needed: From Section 4. WATE SURFACE WATER Jame the water source ake, etc. If unnamed, unnamed stream," etc.: Jumber of diversions: Ource flows into (name) COCATION Enter the north-south earest section corner:	er use is proposed for a _/ to	spring, " ces in feet from the section 15	f GROUNDWATE A permit is desired for size & depth of well- 16" Ø, 1, om the point of diving feet north of the size	cersion or we che southwell location of	well(s). well(s). ithdrawal to the est source is platted, complete below:
Check if the water needed: From ection 4. WATE SURFACE WATER ame the water source alke, etc. If unnamed, water am," etc.: fumber of diversions: ource flows into (name) OCATION Inter the north-south earest section corner:	er use is proposed for a _/ to	short-term production of the short stand stand section 15	f GROUNDWATE A permit is desired for size & depth of well 16" Ø, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	cersion or we che southwell location of	well(s). well(s). ithdrawal to the est source is platted, complete below:
Check if the water needed: From Section 4. WATE Surface WATER Same the water source aske, etc. If unnamed, wunnamed stream," etc.: Source flows into (name) COCATION Enter the north-south earest section corner:	er use is proposed for a	spring, spring	f GROUNDWATI A permit is desired for the point of divided for the point of divided feet north of the county County FRANKLIN	ceriod of times ER or 1 (s): ,250' Deep version or we he southween If location of Lot Black	well(s). well(s). ithdrawal to the est source is platted, complete below:

ECY 040-1-14 Rev. 9/95 F

exceed the SEPA min, requirements.

Appl. No.:

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: Flat Top Ranch, West Bank Project
B.	Briefly describe your proposed water system. (See instructions.)
	Water system will furnish irrigation, frost control and cooling water to approximately 1,060 acres located in Sections 15 and 21, Township 9 North, Range 31 East. Approximately 670 acres of the project are in agricultural production using a 5,400 gpm water right from the Snake River. An Additional water right is necessary to develop most of the remaining acreage.
C.	Do you already have any water rights or claims associated with this property or system? YES DO NO PROVIDE DOCUMENTATION. G3-28237 G3-28238 & G3-28907 (See enclosed copies ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Co	ompleted for all domestic/public supply uses.)
۸.	Number of "connections" requested: Type of connection
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
١.	Total number of acres to be irrigated: 1,060
3,	List total number of acres for other specified agricultural uses:
	UseAcres
	Use Acres Use Acres
C	Total number of acres to be covered by this application: 1,060
) .	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

G330113

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES M NO

X YES - NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Travel east on SR 395 from Pasco to the Pasco-Kahlotus highway. Travel north on the Pasco-Kahlotus highway to Martindale Road. Travel south on Martindale Road approximately 1 1/2 miles. Shortly after passing beneath high voltage power lines turn east on gravel road. Follow gravel road east 1 mile to farm.

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

Does the applicant own the land on which the water will be used?

	owner(s):		
В			
В.	Does the applicant own the land on which the water source If no, submit a copy of agreement:	is located?	¥ YES □ NO
order t	y that the information above is true and accurate to the loo process my application, I grant staff from the Departmentoring purposes. Even though I may have been assiste ployees of the Department of Ecology, all responsibility for	ent of Ecology and in the prepara	access to the site for inspection ation of the above application by
FLO Do Applica	at TOPRANCH, a partner Shup avid R. Howde, partner ant (or authorized representative)	Date 9/	24/97
	Same	9-	24-97
Landow	vner for place of use (if same applicant, write "same") IS NOT EXEMPT:	Date	
LEA	DAGENON.		
A manufacturated year	Completed Checklist Reserved	T.A.	
N. Francisco	L retermination of Noneignianable terminal }	r	
seel	Determination Y Significance Issued	DATE	SIGNATURE
D	RAFT EIS ISSUEL / 4 G 3301	13	
F	NAL FIS ISSUED APPLICATION	1	

	- T
We are returning your application for the following reason(s): Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER.
Examination fee was not enclosed	RETURN TO CASHIER, PO BOX 5128, LACEY, WA
Examination fee was not enclosed	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Examination fee was not enclosed Section number(s)is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE
Examination fee was not enclosed Section number(s)is/are	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL
Examination fee was not enclosed Section number(s) is/are incomplete	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE
Examination fee was not enclosed Section number(s)is/are incomplete	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL
	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL
Examination fee was not enclosed Section number(s)is/are incomplete	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL
Examination fee was not enclosed Section number(s) is/are incomplete Explanation: Please provide the additional information requested above and return your	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Section number(s) is/are incomplete Explanation:	RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

Ecology staff_

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).



Date